



CITY OF HOUSTON AND HARRIS COUNTY GAME ROOM PERMIT APPLICATION

**Applicant:**

For locations with 6 or more Amusement Redemption Machines, submit application, in person, to ARA – Commercial Permitting & Enforcement at the H.P.C. Building, 1002 Washington Avenue, Houston, Texas 77002.

Office Use:**B.L. #:****Expiration
Date:**

A background check will be conducted.

☐ City locations inside Harris County.☐ City locations inside Ft. Bend County or Montgomery County.

Requires payment of the applicable current year Game Room Permit fee, and the Administrative fee for non-Harris County locations.

LEGAL OWNER(S) INFORMATION

Application Date: ____ / ____ / ____

Print full name(s) of legal owner(s): _____

hereby make application to operate a GAME ROOM doing business as:

Name of business	Street Address	ZIP
Owner's/Agent's Valid Phone Number (24-hour accessible)	Government Issued ID	Owner's E-mail Address
Owner's Home Street Address	City	State
		Zip Code

Applicant is an: (a) Individual (b) Partnership (c) Corporation or (d) Association (Circle One.) According to your answer, complete one of the following

A. INDIVIDUAL:

Business or residence address: _____
(P.O. Box will not be accepted)

Business or residence telephone: _____

B. IF PARTNERSHIP:

Names of Partners	Business Address (P.O. Box Not Accepted)	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional space is necessary, please use a separate sheet.)

C. CORPORATION:

Organized under Texas Law ____ Foreign Law ____ (Check One) According to your answer complete 1 or 2 below:

1) IF TEXAS CORPORATION:Mailing Address: _____
(P.O. Box will not be accepted)

Business Location: _____

Telephone Number: _____

Agent of Record in Houston: _____

Names of Officers and Directors or Trustees:

_____	_____
_____	_____
_____	_____

(If additional space is necessary, please use a separate sheet.)

2) IF FOREIGN CORPORATION (out of Texas):Mailing Address: _____
(P. O. Box will not be accepted)

Business Location: _____

Telephone Number: _____

Place of incorporation: _____

Agent of Record in Houston: _____

Names of Officers and Directors or Trustees:

_____	_____
_____	_____
_____	_____

(If additional space is necessary, please use a separate sheet.)

D. IF AN ASSOCIATION:

Location (if multi state) of Principal Headquarters: _____

(P.O. Box will not be accepted)

Mailing Address (if multi state) of Principal Headquarters: _____

Principal Local Business Address: _____

Principal Local Mailing address: _____

Principal Business Telephone Number: _____

Names and principal business or residence address (P. O. Box will not be accepted) and telephone numbers of all members of the association. (If the number exceeds 10. you may alternatively list the names and principal business address of the officers and directors or trustees.)

Names of Members /Officers/Directors	Business Address	Telephone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional space is necessary, please use a separate sheet.)

MANAGER/OPERATOR INFORMATION

Print full name(s) of manager/operator(s) if different than owner:

Phone number (24 hour access)

Government Issued ID

Signature(s)

Adopted by the Houston City Council 1948; Revised 1968, 2007, 2008, 2009, 2010, 2011, 2014 and 2015

CITY OF HOUSTON USE ONLY

The applicant is in compliance with the ordinance for the following items:

Background Check (Chap. 5, Art. VI, Div.1, Sec. 5-163)

ARA Signature: _____

Date Checked: _____

In the case of a game room to be operated under an assumed name, a true and correct copy of the registration of the assumed name filed in the office of the Harris, Ft. Bend or Montgomery County Clerk, bearing the file mark or stamp that evidences its filing in that office (Chap. 5, Art. VI, Div.1, Sec. 5-163)

Copy of a Certificate of Occupancy Issued by the city building official as appropriate for the proposed location (Chap. 5, Art. VI, Div.1, Sec. 5-163)

Game Rooms with Amusement Redemption Machines - meets the building requirements of (Chap. 5, Art. VI and Harris County Regulations Sec. 1- Sec. 3)

(Inspection worksheet attached).

APPROVED BY

SIGNATURE OF ARA OFFICIAL

DATE

PRINTED NAME OF ARA OFFICIAL

COMMERCIAL PERMITTING & ENFORCEMENT SECTION

POST OFFICE BOX 1561 • HOUSTON, TEXAS 77251-1561
HOUSTON PERMITTING CENTER, 1002 WASHINGTON AVENUE, 1ST FLOOR

TEL: 832-394-8803
FAX: 832-395-9631

ONLINE: www.houstonpermittingcenter.org or www.houstontx.gov/ara

Section. 1-11. Application for permits, licenses, etc.

(a) A license, permit or certificate issued pursuant to any code or ordinance of the city shall not be issued unless the applicant submits with the application the following declaration, pursuant to Texas Civil Practice and Remedies Code section 132.001:

My name is _____, My date of birth is _____,
(first, middle and last name), (mm / dd / yyyy)

and My address is _____, and _____
(street, city, state, zip code) (country)

I have personal knowledge of the statements made in the application. None of the statements are misleading or false. I acknowledge that issuance of the license; permit or certificate does not excuse or approve any violation of deed restrictions or city, state, or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the application and this declaration and that I am authorized to execute this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Executed In _____ County, State of _____, on the _____ day of

_____, _____
(month) (year)

Declarant



CITY OF HOUSTON AND HARRIS COUNTY GAME ROOM ACKNOWLEDGMENT AND VERIFICATION



ACKNOWLEDGMENT

Please read the following acknowledgments and sign the attached verification. It is a requirement for your Game Room Application to read this document and sign the attached verification. An Application will not be considered if this requirement is not met.

In making this Application, you, the Applicant are hereby acknowledging the following:

- 1) You have read, fully understand, and agree to comply with the Harris County Game Room Regulations as adopted by the Harris County Commissioners Court on December 17, 2013, and amended on May 20, 2014, March 10, 2015, and September 1, 2015 (hereinafter referred to as the "Regulations").
- 2) In full compliance with the ordinance provision of the City of Houston Code of Ordinances, Chapter 5 which is cited below regulating the conduct of such places, I hereby certify that I fully understand and agree that such permit may be revoked in the event this facility is not operated in accordance with city, county and state law. **I am applying for the game room permit and certify that all information submitted in this application is true and correct. Tampering with a Government Record is a Felony of the third degree Sec. 37.10 (a) (1).**
- 3) You are an "Owner" of the Game Room you are attempting to permit as that term is defined by Subsection 1.4(c) of the Regulations.
- 4) The business establishment you are attempting to permit is in fact a "Game Room" as that term is defined by Subsection 1.4(a) of the Regulations.
- 5) You have disclosed the identity of all "Owner(s),"¹ "Operator(s),"² employee(s), agent(s), and any other individual(s), proprietorship(s), corporation(s), association(s), or other legal entity(s) acting for, or acting on behalf of the Game Room along with a photocopy of their driver's license or government-issued identification and incorporation papers as applicable.
- 6) All of the information you have provided in making this Game Room Application is true and correct.
- 7) You have not withheld any pertinent information that relates to this Game Room Application under the penalty of Perjury as defined under Section 37.02 of the Texas Penal Code.
- 8) You understand making a misleading statement on this Game Room Application, providing false, fraudulent, or untruthful information on this Game Room Application, and/or withholding pertinent information on this Game Room Application will result in denial or revocation of the Game Room permit pursuant to Subsection 2.2(b) (2) and Subsection 2.2 (d) (2) of the Regulations;
- 9) You swear and affirm that all the information provided in this Game Room Application is true and correct under the penalty of Perjury as defined under Section 37.02 of the Texas Penal Code.
- 10) You swear and affirm that you have not misrepresented any information on this Game Room Application and understand that any misrepresentation on this Game Room Application is a third degree felony offense as defined under Section 37.10 of the Texas Penal Code.

¹ As defined by Subsection 1.4(c) of the Harris County Game Room Regulations.

² As defined by Subsection 1.4(f) of the Harris County Game Room Regulations.



**CITY OF HOUSTON AND HARRIS COUNTY
GAME ROOM ACKNOWLEDGMENT AND VERIFICATION**



VERIFICATION

STATE OF TEXAS §
 §
COUNTY OF HARRIS §

BEFORE ME, the undersigned Notary Public, on this day personally appeared by me duly sworn,
_____, an "Owner" and "Applicant" of
_____ Game Room located at
_____, and on his/her oath deposed, said
that he/she swears that 1) he/she has read the above acknowledgments, fully understands the above
acknowledgments, and swears that the above acknowledgments are true and correct as they pertain to this
Game Room Application, 2) the information provided in the Game Room Application is true and correct, and
3) all pertinent information has been disclosed in making this Game Room Application.

An "Owner" and "Applicant" of _____ Game Room

SUBSCRIBED AND SWORN TO BEFORE ME on the ____ day of _____, 2015, to certify which
witness my hand and official seal.

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

My Commission Expires:

DPS Computerized Criminal History (CCH) Verification (Agency Copy)

PLEASE SUBMIT SIGNED COPY WITH YOUR APPLICATION.

I, _____, have been notified that a Computerized Criminal
APPLICANT OR EMPLOYEE NAME (PLEASE PRINT)

History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process, I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with MorphoTrust USA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$39.75 to the fingerprinting services company, MorphoTrust USA.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history records may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits.)

Signature of Applicant or Employee

Date

COH Regulatory Permitting - ARA

Agency Name (Please Print)

Agency Representative Name (Please Print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES _____	NO _____	_____ Initial
Purpose of CCH:		

Hire _____	Not Hire _____	_____ Initial
Date Printed:		
_____		_____ Initial
Destroyed Date:		
_____		_____ Initial
Retain in your files.		



IdentoGO

By MorphoTrust USA

City of Houston-Regulatory Permitting-(HL-ARA)

Texas Fingerprint Service Code Form

Service Name: City of Houston - Regulatory Permitting- (HL-ARA)

To schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

119Y5F

When prompted, please provide or enter the following Agency Number

HL-ARA

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080

City of Houston- Regulatory Permitting (HL-ARA) (ORI City of Houston-Regulatory Permitting (HL-ARA)/Service Code 119Y5F)

The general process for electronic fingerprinting is:

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their IdentoGo enrollment centers.
 - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. You may begin the process now by simply clicking on this link:
<https://uenroll.identogo.com/servicecode/119Y5F>
 - b. and then; click "Schedule an Appointment".
 - c. and then; enter your *ARA* in the box next to Agency Number
 - d. Provide all required pre-enrollment data and select a convenient date and time for your appointment
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (119Y5F), then call 888.467.2080;
 - b. MorphoTrust will prompt you for the Service Code (119Y5F);
 - c. Provide all required pre-enrollment data and select a convenient date and time for your appointment
2. Arrive at your scheduled appointment with your photo identification and fee
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here: <http://www.tl1enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
 - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
 - Please note that personal checks and cash are not accepted.
3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
 - Do not throw away the receipt;
 - You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/119Y5F> and then;
 - Click "Check Status"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.